

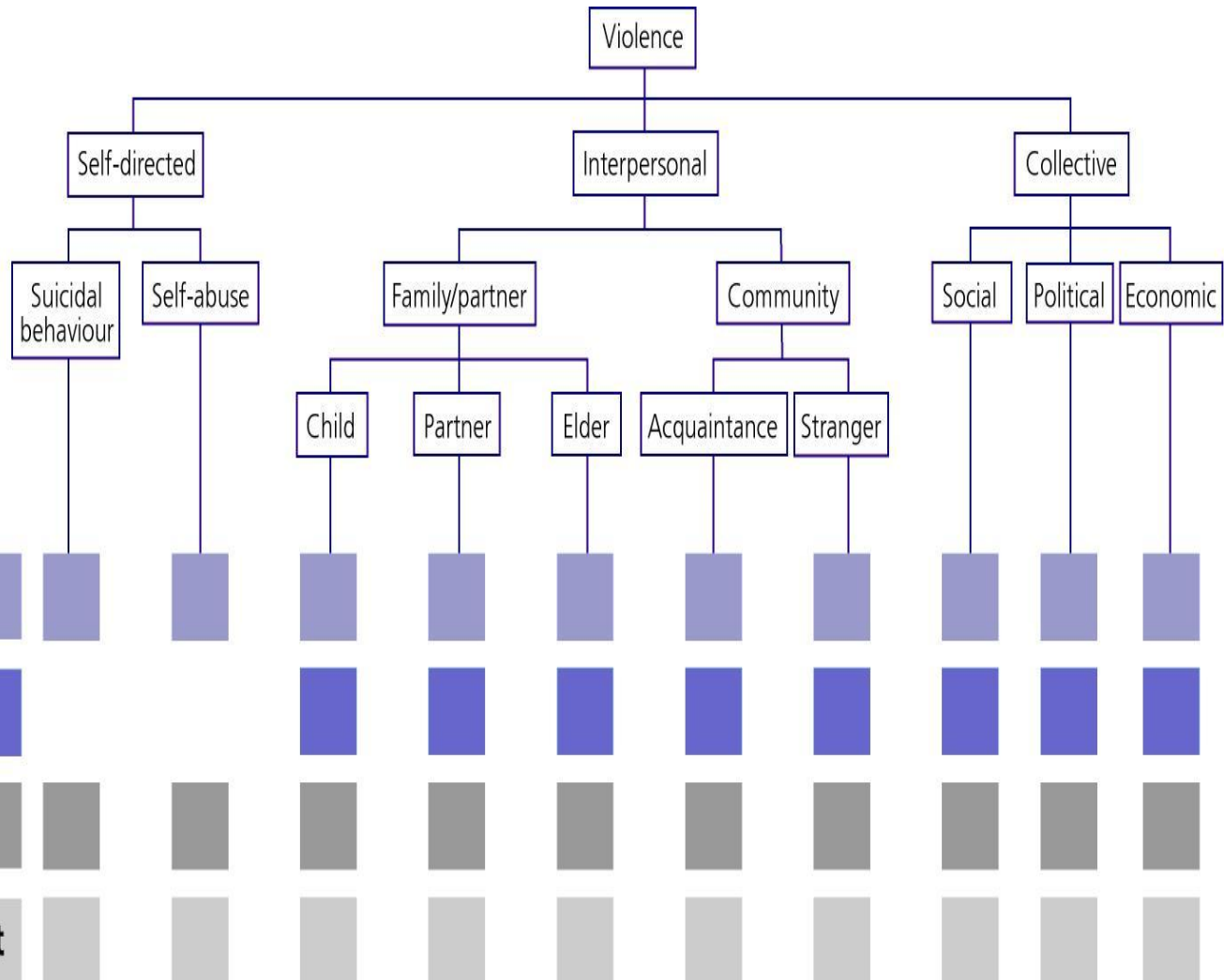
'No Joke' - Why Should We Address This Agenda In Schools?

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Violence and Abuse: A Public Health Perspective

- Incidence & Prevalence
- Associated Risk Factors
- Outcomes
- A Life Course Perspective
- Evidence Based Prevention

Typology for Violence, (WHO, 2002)



Nature of violence

Physical

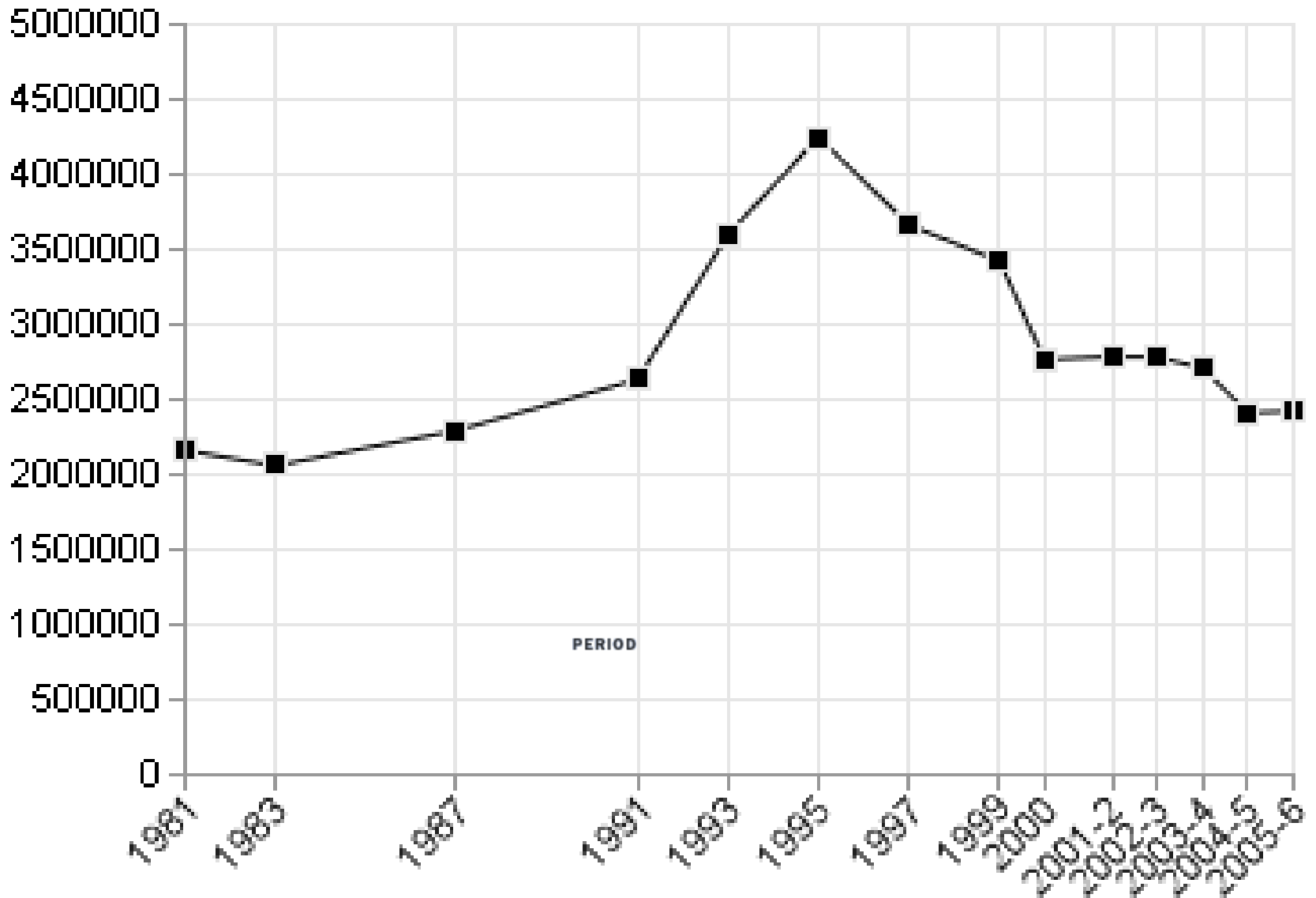
Sexual

Psychological

Deprivation or neglect

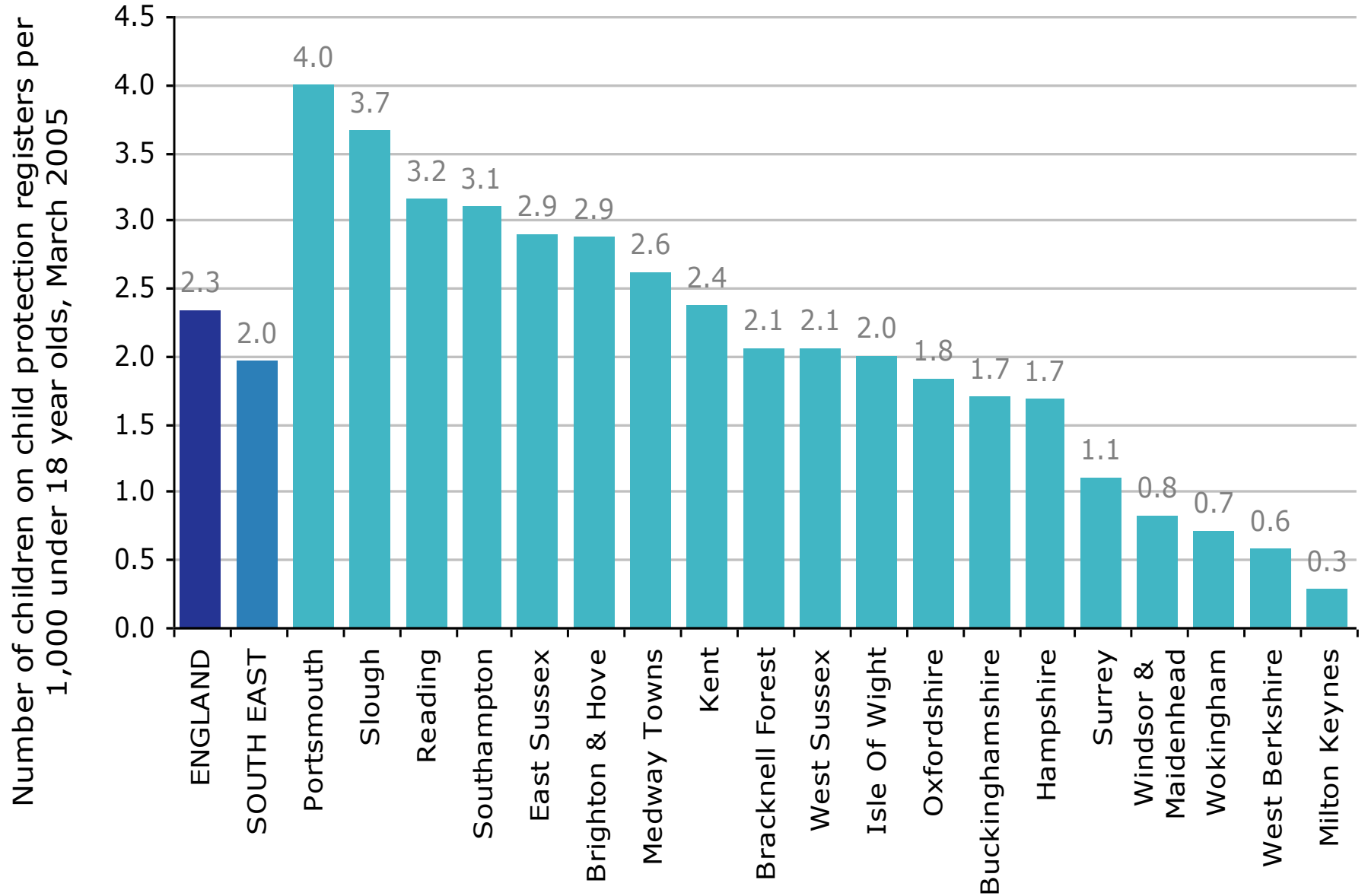
Incidence & Prevalence

Violent crime Trends - British Crime Survey data



Source: The British Crime Survey (BCS)

Number of children on child protection register per 1,000 under 18 year olds by local education authority, 2005



Source: DfES. Children Looked After by Local Authorities Year Ending 31 March 2005; ONS. 2004 Mid-Year Population Estimates.



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The Tip of the Iceberg



Prevalence of Violence & Abuse

Types of violence & abuse	Female	Male
Child Sexual Abuse (all forms and contact abuse) (Cawson, 2000)	21% all forms 16% contact	11% all forms 7% contact
Child Physical Abuse- (violent treatment from anyone) (Cawson, 2000)	23%	27%
Child Emotional Abuse- (Humiliation by parents) (Cawson, 2000)	20%	16%
Bullying (10-14 year olds at school) (Smith, 2000)	46%	43%
Youth Violence (16-24 year old victims of violent crime in last year) (Dodd, 2004)	7.6%	15.5%
Sexual Assault and Rape (16-59 year olds ever experienced) (BCS 2004/5)	Sexual Assault: 23% Rape: 5%	Sexual Assault: 3% Rape: 0.4%
Partner Abuse (non-sexual, 16-59 year olds ever experienced) (BCS, 2004/5)	25%	16%

Risk Factors

General Risk Factors for Violence and Abuse 1.

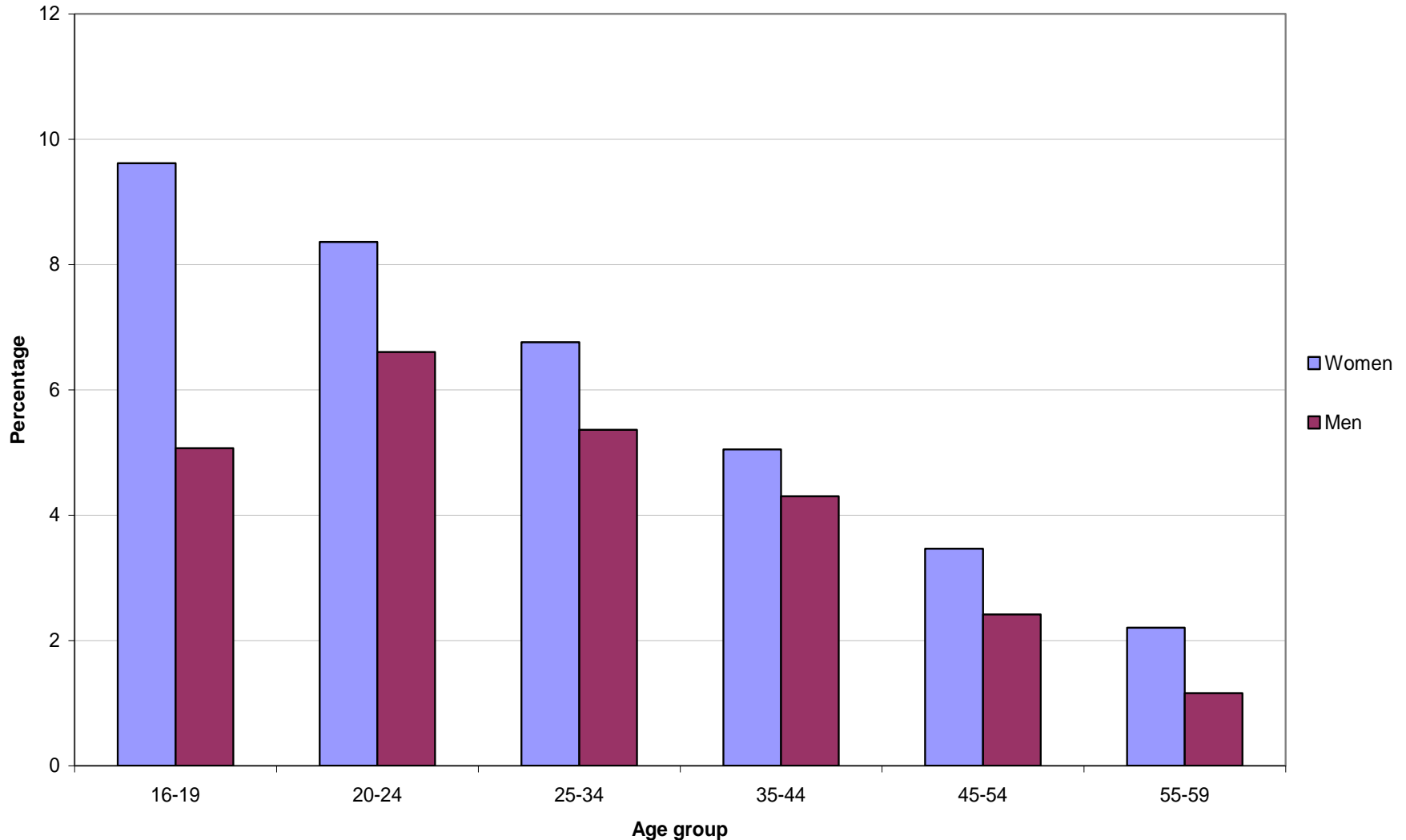
Risk factors associated with being a victim

- Young age
- **Female:** being a victim of Child Sexual abuse, Bullying, Sexual assault and Domestic abuse, being pregnant increases risk of domestic abuse.
- **Male:** being a victim of physical abuse, bullying and youth violence
- Witnessing violence or being a victim of abuse increases the risk of further abuse, especially for females.
- Alcohol and Drugs misuse
- Socio-economic Disadvantage and Inequalities.
- Urban compared to rural areas
- Cultural and media norms, including availability of weapons and alcohol

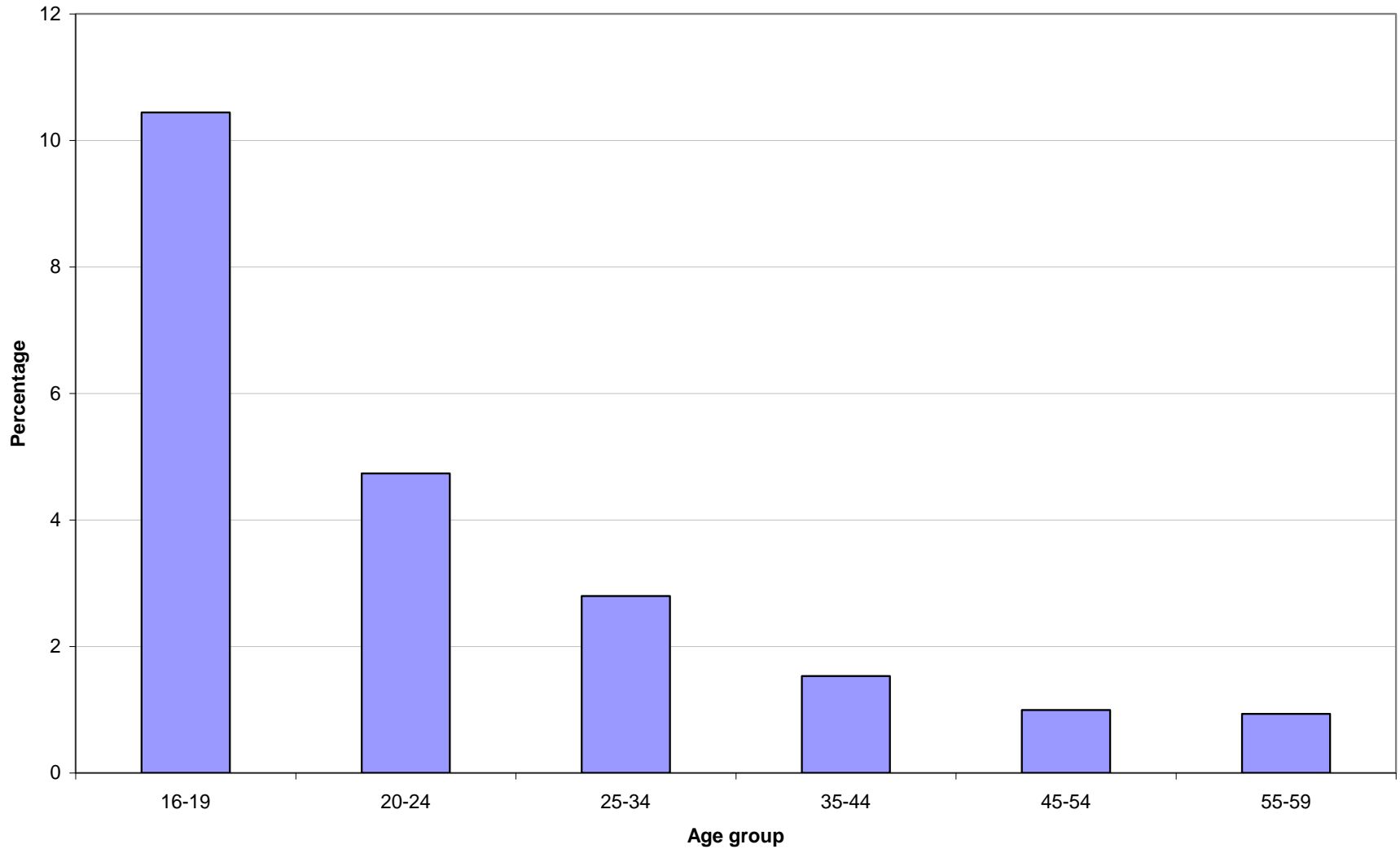


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Percentage of women and men experiencing partner abuse (non-sexual), by age in the last year (BCS, 04/05).



Percentage of all women experiencing sexual assault by age in the last year (BCS, 2004/05).

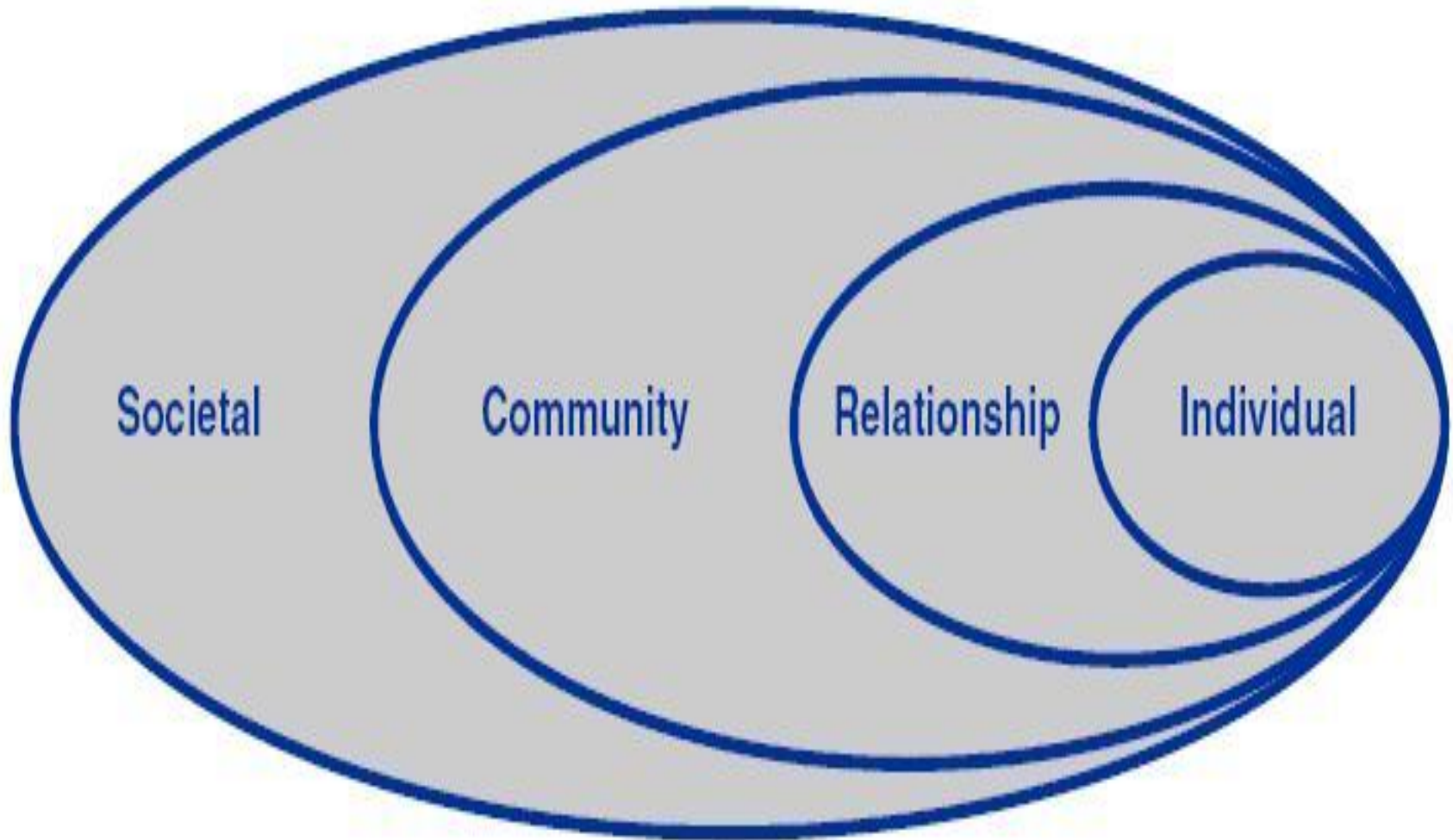


General Risk Factors for Violence and Abuse 2.

Risk factors associated with being a perpetrator

- Young age
- **Male:** Young men are more likely to perpetrate violence.
- Majority of abusers are known to the victim
- Witnessing violence or being a victim of abuse increases the risk of becoming a perpetrator of violence, especially for males.
- **Parenting styles** harsh, inconsistent or abusive parenting.
- Alcohol and Drugs misuse
- Inequalities & Socio-economic Disadvantage
- Urban compared to rural areas
- Cultural and media norms, including availability of weapons and alcohol

The Ecological Model for understanding Violence, (WHO, 2002)



Ripples in a Pond - Why Violence and Abuse Happens

Interpersonal and Family Factors

Abusive parenting

Abusive expression of power differentials

Poor conflict resolution & communication skills

Lack of interpersonal respect

Types of Violence

Child Abuse Sexual Violence Bullying Youth Violence
 Dating Violence Domestic Abuse Hate Crimes Elder Abuse

Individual Factors

Genetics
Hormones
Nutrition

Learning Disability

Alcohol
Drugs
Tobacco

Emotional intelligence

Past abuse

Gender patterns are variable

Individual Factors

Genetics
Hormones
Nutrition

Learning Disability

Alcohol
Drugs
Tobacco

Past abuse

Males

Increased risk of perpetrating abuse



ADHD
Anti-Social Behaviour & Personality Disorders

Conduct Disorder
Offending behaviour

Females

Increased risk of re-abuse



Dissociative Disorders
PTSD
Borderline Personality Disorder

Withdrawal
Depression & Suicide

Physiological alterations in brain following abuse affect the limbic system, midbrain (RAS) & frontal lobes

-Plasticity of the brain-

Alterations in the brain are adaptable especially until the mid- 20's
 CBT/ therapy, protective & pro-social skills reduces harm & aids recovery

Community and Societal Factors

Legislation re alcohol & drugs

Deprivation & economic inequalities

Historical & cultural norms

Prejudice & inequalities re gender, age, race, sexuality

Health Outcomes

Health risk behaviours associated with sexual abuse during childhood and adolescence

(Anteghini M et al, 2001; Kenney JW, 1997; Johnson PJ, 2002; Krug, 2002 Kreiter, 1999; Silverman, 2001; Coker AL, 2000; Roberts TA, 2003; Covington, 2000)

- ***Smoking (OR 2.5)***
- ***Binge Drinking (OR 1.7)***
- ***Substance misuse (Cocaine: OR 3.4)***
- Multiple sexual partners (OR 3.3)
- First intercourse below age 15 (OR 2.4)
- Not using a condom (OR 2.0)
- ***Further risk of sexual assault***
- ***Poor Health related Quality of Life scores (OR 1.7)***
- ***Sleep difficulties***
- ***School absenteeism***

Health outcomes associated with sexual abuse during childhood and adolescence

(Anteghini M et al, 2001; Kenney JW, 1997; Johnson PJ, 2002; Krug, 2002 Kreiter, 1999; Silverman, 2001; Coker AL, 2000; Roberts TA, 2003; Covington, 2000).

- ***Attempted suicide: (OR 8.6)***
- ***Depression and mental health problems (OR between 2-4)***
- ***Bulimia (OR 3.7)***
- **Pregnancy (OR 3.9)**
- **Increased violence during pregnancy (OR 1.9), with an increase in pre-term delivery (OR 3.5)**
- **Sexually Transmitted Infections**

Adverse Childhood Experiences

Risk Behaviours (Felitti, 1998)

Four or more adverse childhood experiences: emotional, physical or sexual abuse, household substance abuse, mental illness, incarceration, parental domestic violence, separation or divorce were related to:

- Smoking (OR 2.2; CI: 1.7-2.9)
- Severe obesity – BMI > 35 (OR 1.6; CI: 1.2-2.1)
- No leisure time physical activity (OR 1.3; CI: 1.1-1.6)
- **Depression in last year (OR 4.6; CI: 3.8-5.6)**
- **Ever attempted suicide (OR 12.2; CI: 8.5-17.5)**
- **Alcoholic (OR 7.4; CI: 5.4-10.2)**
- **Illicit drug use (OR 4.7; CI: 3.7-6.0)**
- **Injecting drug use (OR 10.3; CI: 4.9-21.4)**
- 50 plus sexual partners (OR 3.2; CI: 2.1-5.1)
- Sexually Transmitted Infection (OR 2.5; CI: 1.9-3.2)

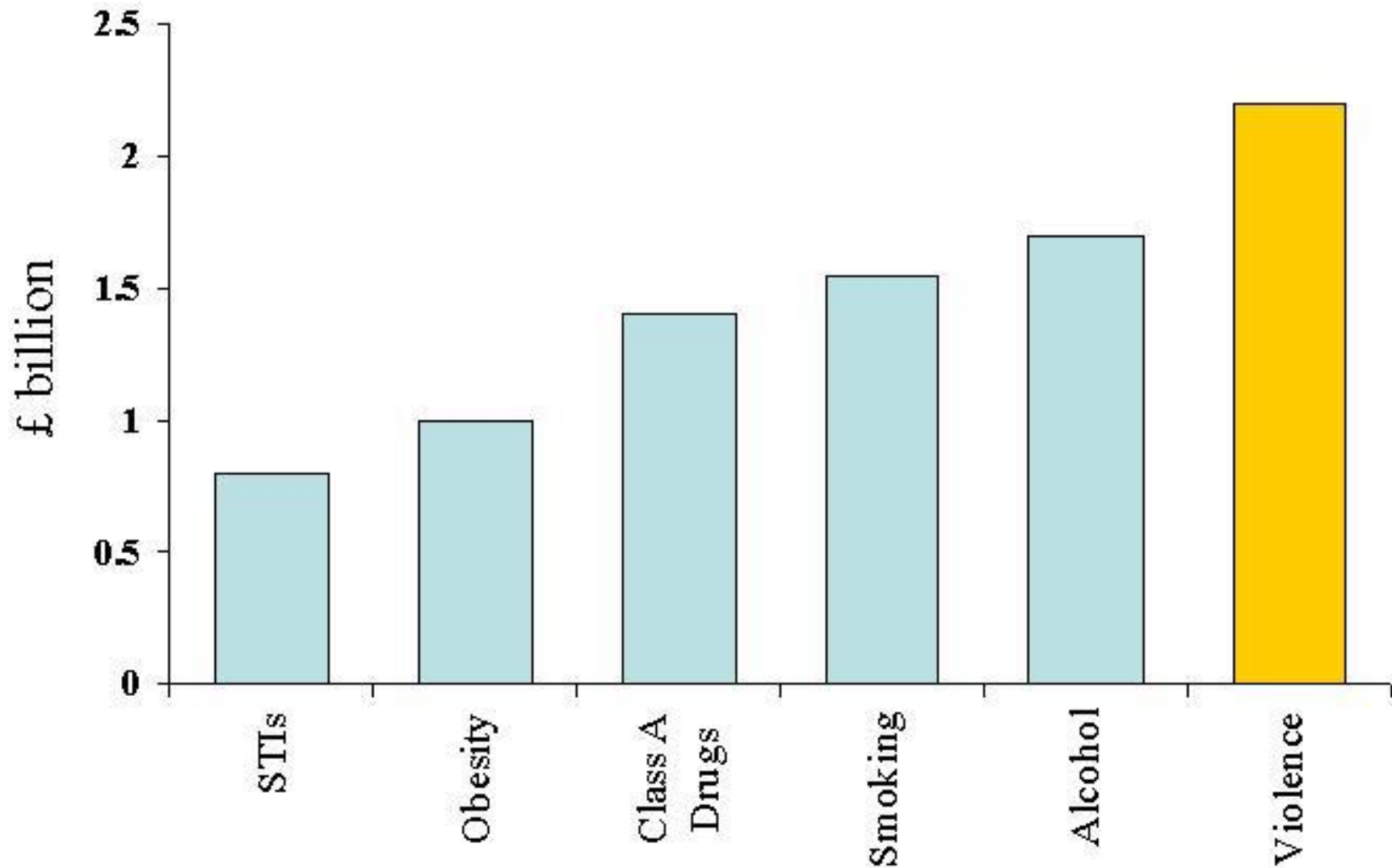
Adverse Childhood Experiences

Long term outcomes (Felitti, 1998)

Four or more adverse childhood experiences: emotional, physical or sexual abuse, household substance abuse, mental illness, incarceration, parental domestic violence, separation or divorce were related to:

- Ischaemic Heart Disease (OR 2.2; CI: 1.3-3.7)
- Any Cancer (OR 1.9; CI: 1.3-2.7)
- Stroke (OR 2.4; CI: 1.3-4.3)
- Chronic bronchitis or emphysema (OR 3.9; CI: 2.6-5.8)

Estimated Annual burden on Health Services, £billions

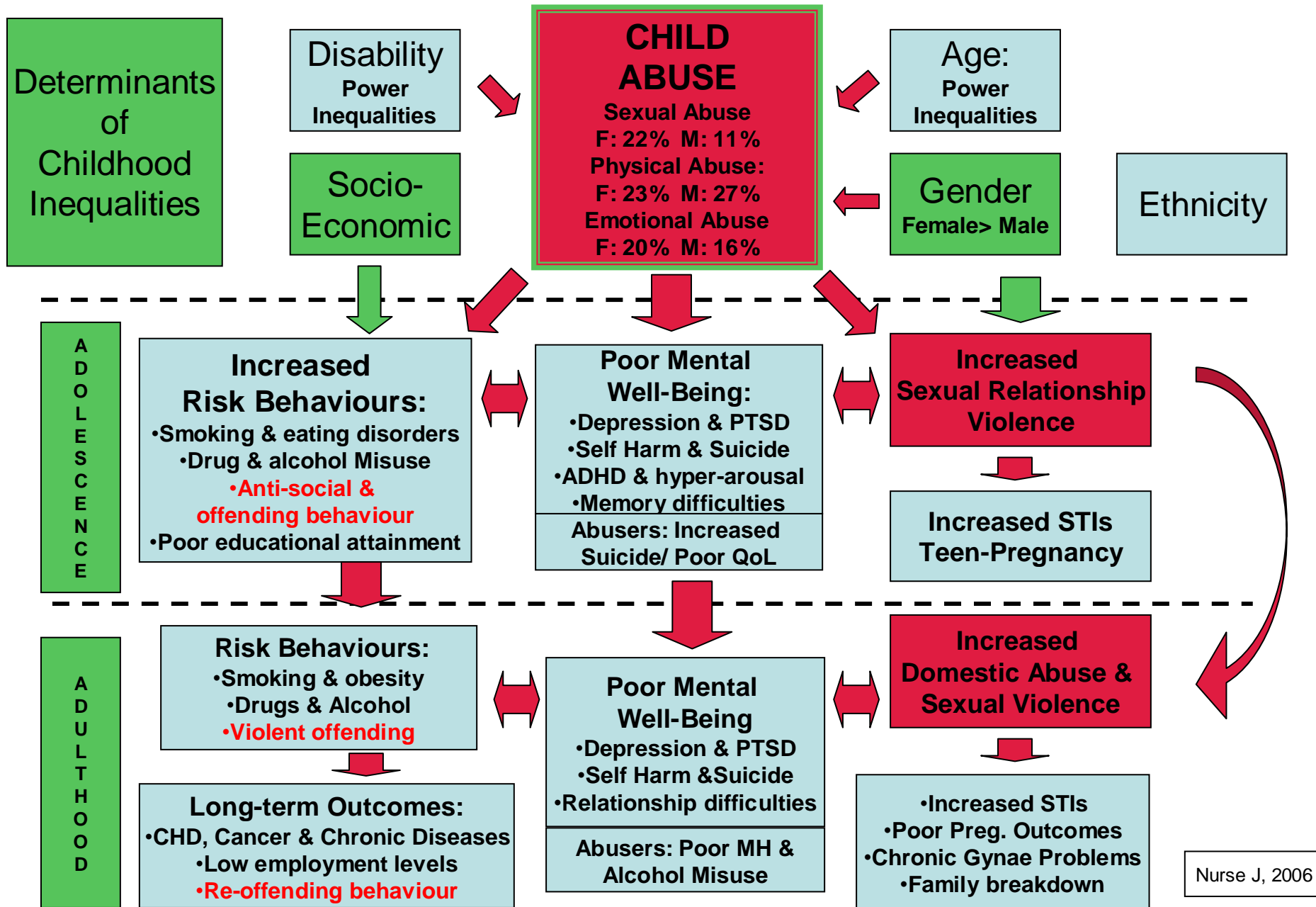


A Life Course Perspective

Links between parenting styles, previous abuse & peer violence

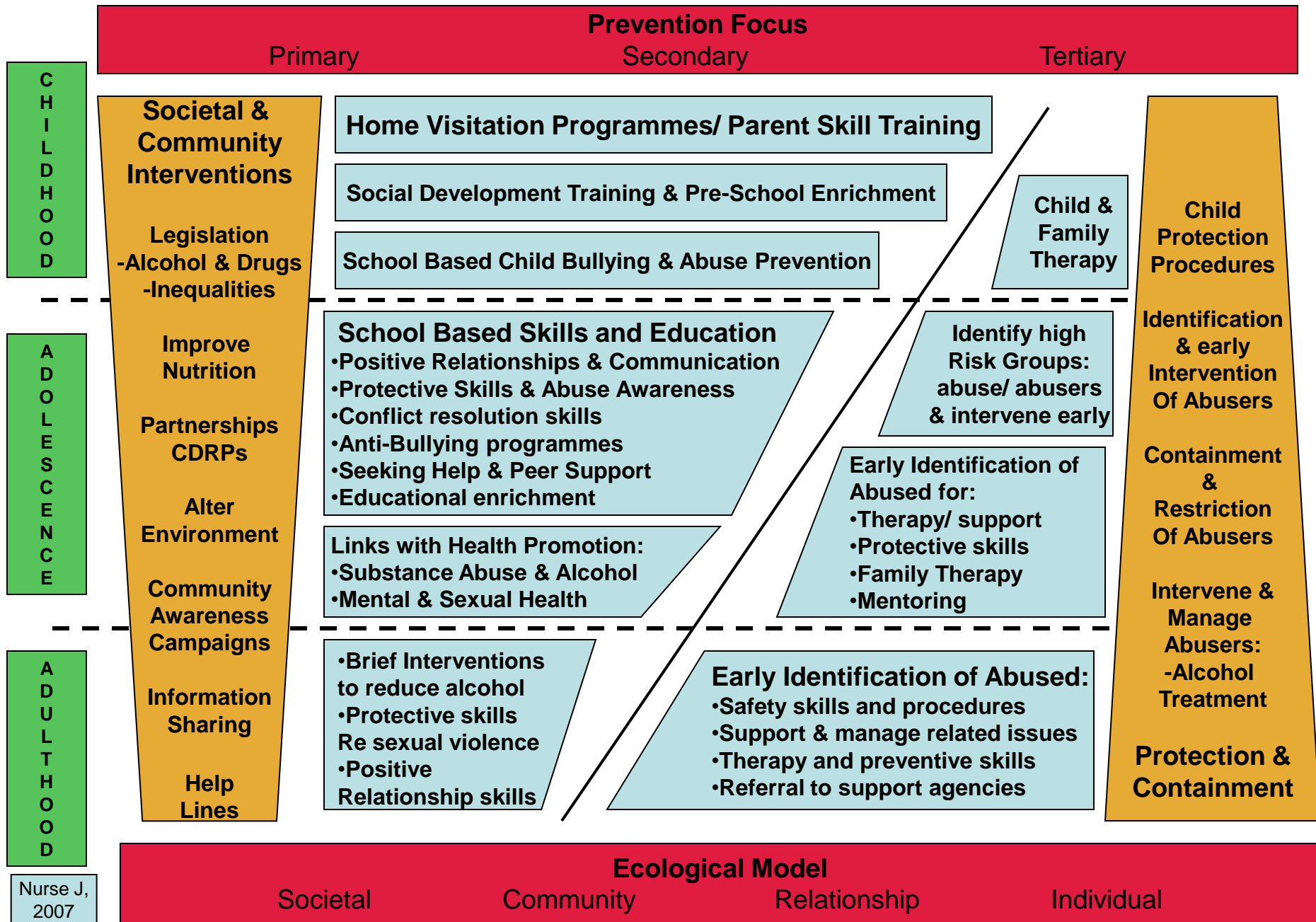
- Influence of **parenting styles** on 10-12 year old boys found that either perceived laxness of monitoring by parents or overly harsh parenting practices predicted later perpetration of dating violence when followed up at ages 16-17. (Lavoie, 2002)
- The strongest risk factor for experiencing dating violence for adolescent females was a **previous history of forced sex** (OR 2.9 $p < 0.0001$) (Kreiter, 1999).
- Longitudinal study of 16-20 year olds, found that boys who engaged in **peer violence** was a significant predictor of sexual aggression or dating violence at one year follow-up, (Ozer, 2004).

Associated risks & hidden impact of violence & abuse on inequalities across the life-course

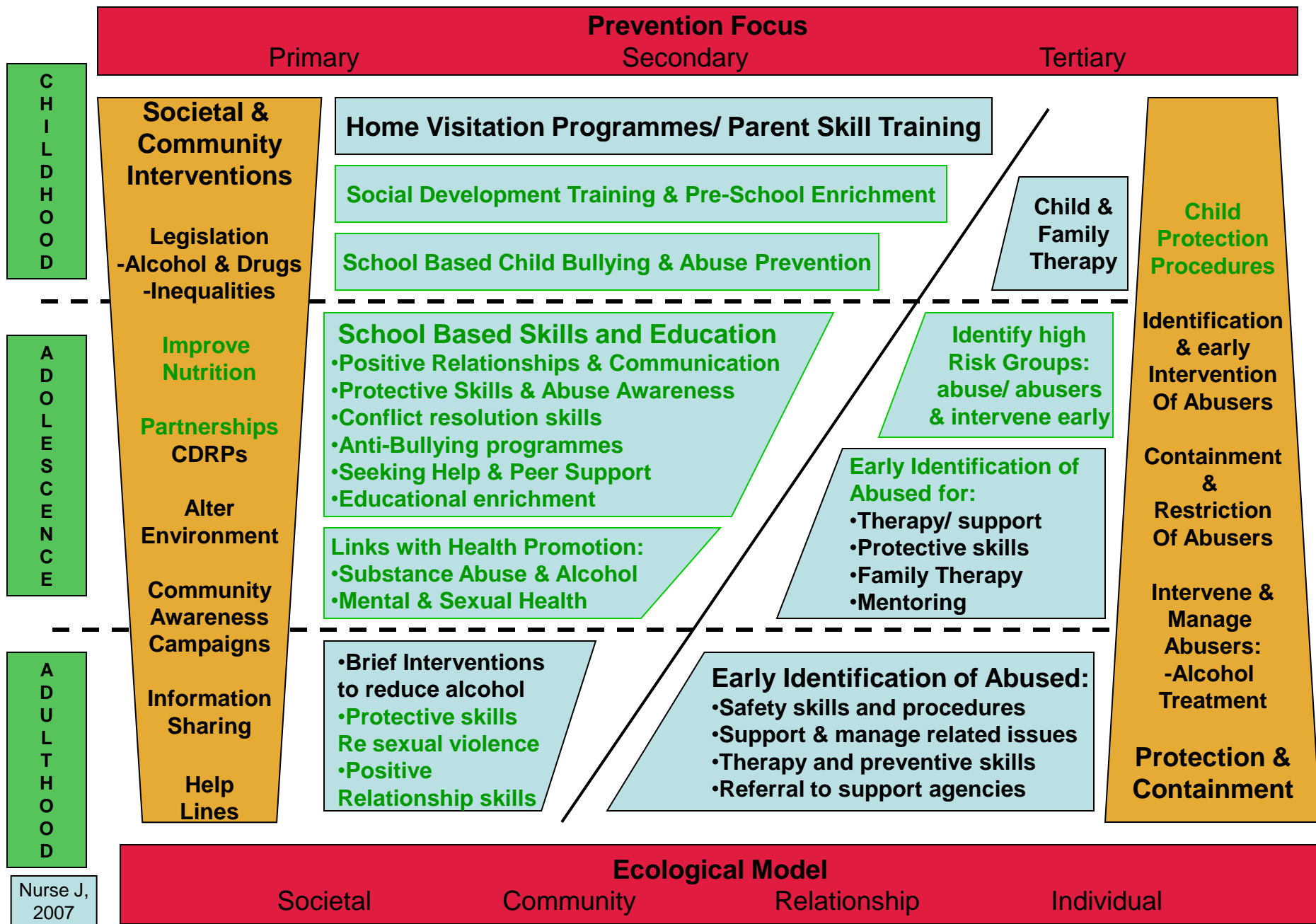


Prevention

Violence & Abuse Prevention Framework



Violence & Abuse Prevention Framework – Education Sector Role (Green)



What works and Ways forward

Childhood: 0-10 year olds

- ***School based Social Development Training***
(Social and Emotional Literacy Skills- SEALS)
- ***School education & skill development*** for abuse prevention; increasing awareness, personal boundaries and rights, how and where to seek help
- ***Whole school approach for bullying & abuse prevention***



What works and Ways forward

Childhood: 0-10 year olds

High Risk Groups: (eg. looked after children, children with disabilities, families experiencing domestic violence).

- **Parent skill programmes**
- **School enrichment programmes**
- **Protective skill training for abuse prevention**
- **Training of professionals** to identify abused children to refer for protection, therapy and protective skill training.
- **Early identification of behaviour symptomatic of or a risk for abuse** - eg Emotional disorders, Conduct Disorder.



Early School Interventions

School sexual abuse prevention training is associated with a decrease in the occurrence of long-term child sexual abuse:

- ***971 undergraduate female psychology students (95% white, mean age 18) at a US university were given a 'sexual experiences' questionnaire. 62% had received sexual abuse prevention training in earlier childhood whilst at school. Of those who had received training, 8% had subsequently experienced sexual abuse, compared to 16% of those who had no training (p=0.001)(Gibson LE, 2000).***

Preventing Violence and Abuse- Adolescents and Young People

Integrated School based programmes on violence and abuse prevention: to include bullying, peer violence, dating violence and sexual abuse:

- Positive respectful relationship & communication skills
- Conflict resolution
- Challenge norms supportive of discrimination – including gender, race, sexuality, age
- Protective & help seeking behaviour
- Make links with emotional literacy, drugs, alcohol & sexual health

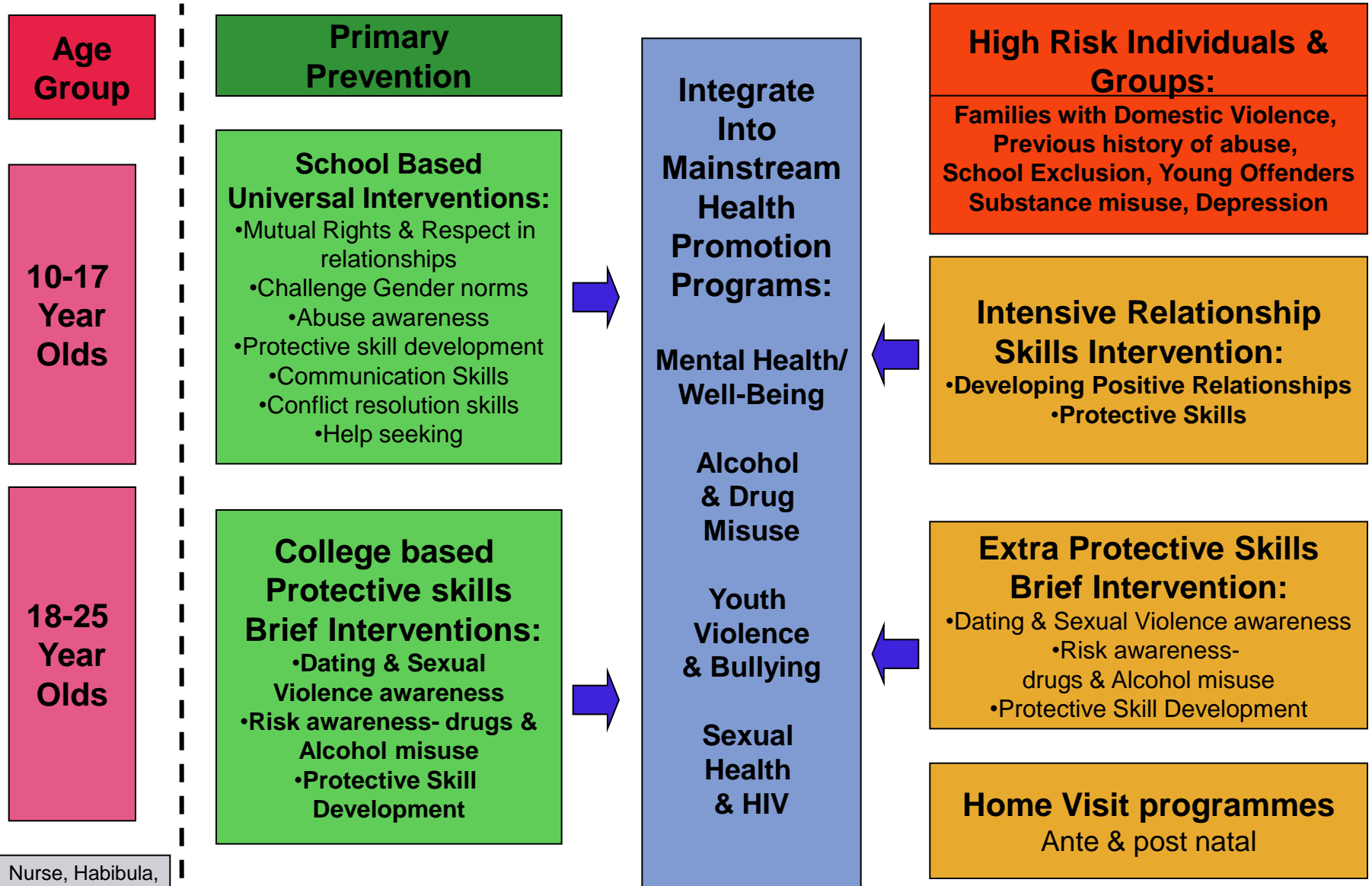
Intensive programmes for high risk groups - on Positive relationships and protective skills.

Address Underlying Risk Factors for Substance Misuse:

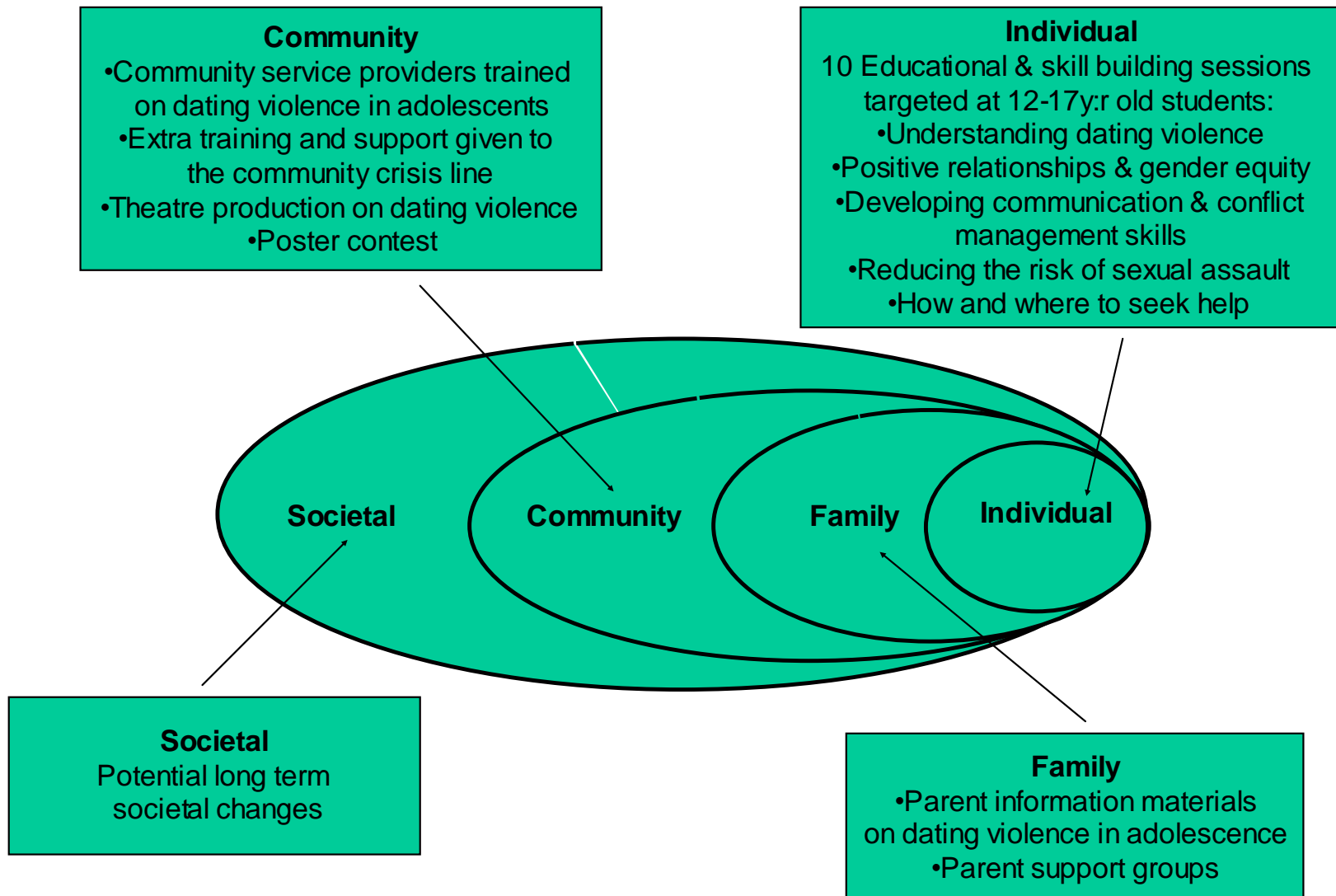
- *The Evidence base to support school based mental health promotion and violence prevention programmes is much stronger than that to support substance misuse (alcohol, drugs, tobacco), programmes which are largely ineffective.*
- *In that some substance misuse is driven by emotional distress, mental health promotion & violence prevention programmes are likely to represent a better investment. (Stewart-Brown S, 2006).*



Promising Interventions for the Prevention of Dating & Relationship Violence



The Safe Dates Project, (Foshee, 1996, 1998, 2000, 2004), n =1886



Long term benefits following a universal school based intervention for developing healthy relationships in male & female adolescents

- **One month follow-up** found 25% less psychological abuse perpetration ($p < 0.05$); 60% less physical violence perpetration ($p < 0.05$); and 60% less sexual violence perpetration ($p < 0.10$).
- **At one year** there was no significant difference in behaviour.
- **At four year follow-up** there was a significant reduction in perpetration of physical ($p < 0.02$) and sexual ($P = 0.04$) dating violence, and less victimisation of physical ($p < 0.05$) and sexual ($p = 0.01$) dating violence.
- A four year booster intervention made no further improvements to the original intervention.

(Foshee, 1996, 1998, 2000, 2004)

Regional Approaches – The South East Health Strategy

Priorities in the SE Health Strategy

- **Children and Young People:** Addressing Conduct and Emotional Disorders – reducing risk for youth offending and repeat victimisation
- **Employment and Health:** Healthy workplace code – includes bullying and addressing violence in the workplace;
- **Safer Communities:** Safe green spaces; Parenting; ***School/ skill based integrated violence and abuse prevention programmes;*** alcohol; offender mental health and through care; reducing violence and abuse – information sharing in EDs

Any Questions?

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**Mental Health & Well Being in the
South East**

www.sepho.org.uk

Key National Drivers for Violence & Abuse Prevention:

- 'Cutting Crime - a new partnership' - the Home Office crime strategy, 2007;
- Safe.Sensible.Social. The Next Steps in the National Alcohol Strategy, 2007; HO, DH, DfES, DCMS. Alcohol Harm Reduction Strategy for England (2004).
- HM Government 'Cross Government Action Plan on Sexual Violence and Abuse' 2007;
- Staying Safe – Consultation; 2007; Department for Children, Schools and Families;
- Three Point Plan to Tackle Gun Crime, HO; 2007
- *Violent Crime Reduction Act, 2006;*
- Respect Action Plan, 2006.
- 'A Five Year Strategy for Protecting the public and Reducing Re-offending' and 'The National Reducing Re-offending Delivery Plan' Home Office 2006
- Itzin C 'Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse' Programme Implementation Guide for the Victims of Violence and Abuse Prevention Programme, 2006. DH/ NIMHE/ HO.

Key National Drivers for Violence & Abuse Prevention:

- Tackling Sexual Violence Guidance for Local Partnerships, HO, 2005.
- 'Making It Possible' a framework for Improving Mental Health and Wellbeing, DH, 2005.
- DH 'Responding to domestic abuse: A handbook for health professionals' 2005.
- Violent Britain, People, Prevention and Public Health, NW PHO; 2005 and Follow up Report, 2006.
- Improving Opportunity, Strengthening Society, 2005; DCLG; Government's strategy to increase race equality and community cohesion.
- Public Health White Paper Choosing Health (2004), DH
- Every Child Matters, 2004 and Outcomes Framework
- "Living Places - Cleaner, Safer, Greener" 2002; DCLG;
- Mental Health National Service Framework, 1999, DH
- Tackling Drugs to Build a Better Britain. The Government's Ten-Year Strategy for Tackling Drugs Misuse (1998). Reducing Drug-related Harm: An Action Plan; 2007;